

AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 7.b:

Adjustments (ADA)




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Arizona Health Care Cost Containment System



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Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.206

AHCCCS Provider: _____

User Account

Claim Submission

Enter New Claim

Type of Claim: Professional

Professional

Institutional


Dental

Click on the down arrow.

Click on Dental

View Status

Date of Submission:



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IP: 170.68.241.206

AHCCCS Provider ID:

User Account

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Enter New Claim

Type of Claim:

Click on Go

View Status

Date of Submission:



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Dental Claim Information

Help

Billing Provider				
Provider ID	National Provider ID (NPI)	Tax ID	Name	Type
123456		123456789	<input type="button" value="Find.."/>	

Enter the Billing Provider AHCCCS ID number here, or the group ID, which ever applies

Enter the Billing Provider Tax ID here, or the Group Tax ID, whichever applies


When done, click on Find

Note:

As of March 1, 2008 the NPI ID number will be required.

Note:

When adjusting a claim prior to 03/01/08, do not use the NPI number if the claim was originally billed without the NPI number or your adjustment will deny for un-match key fields.



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Dental Claim Information

[Help](#)

Billing Provider				
Provider ID	National Provider ID (NPI)	Tax ID	Name	Type
123456		123456789	Dental Clinic	GROUP-PAYMENT ID

Service Provider				
Provider ID	National Provider ID (NPI)	Location	Name	Type
123456				

Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.206

AHCCCS Provider ID:


User Account

When done, click on Find

Enter the Servicing Provider ID number here

Note:

As of March 1, 2008 the NPI ID number will be required.



us - Arizona Health

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Arizona Health Care Cost Containment System

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Type: Individual
IP: 170.68.241.206
AHCCCS Provider ID:
User Account

Dental Claim Information

Help

Billing Provider

Provider ID	National Provider ID (NPI)	Tax ID	Name	Type
123456		123456789	Find... Dental Clinic	GROUP-PAYMENT ID

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name	Type
654321		01	Find... The Dentist	CLINIC

Recipient

AHCCCS ID	Name	Date of Birth	Gender
a12345678	Find...		

When done, click on Find

Enter the Members AHCCCS ID number here

CONFIRMED

SECURE WEB SITE

CLICK TO VERIFY

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Dental Claim Information

Help

Billing Provider				
Provider ID	National Provider ID (NPI)	Tax ID	Name	Type
12345		555555	Find... Dental Clinic	CLINIC

Service Provider				
Provider ID	National Provider ID (NPI)	Location	Name	Type
092453		01	Find... The Dentist	CLINIC

Recipient			Date of Birth	Gender
AHCCCS ID	Name			
A52612622	Find... Doe, Jon		05/28/2004	M

Prior Authorization Number	Patient's Account Number	Place of Treatment	Submission Reason	Original Reference Number
	123456789	11	Replacement	070000000001

Referring Provider NPI	

Treatment Resulting From Auto Accident?

Yes No

Place (State)

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Note:

Adjustment of a denied claim:

Correct the claim and resubmit the claim in its entirety, including all original lines if the claim contained more than one line. Failure to include all lines of a multiple-line claim will result in recoupment of any paid lines that are not accounted for on the resubmitted claim.

Adjusting a paid claim:

Make changes/add lines to the new claim and submit the claim containing all previously submitted lines. If any previously paid lines are omitted, the AHCCCS system will assume that those lines should not be considered for reimbursement, and payment will be recouped.

Click on the down arrow and then click on Replacement

Enter the Original Claim Record Number (CRN) of the claim you want to adjust here

Click on Next to go to the next screen